

ZONING VERIFICATION REQUEST

Please read these instructions carefully before signing and submitting this form. If there are errors or payment is insufficient, your letter(s) may be significantly delayed. Submit this request at least 5 days before the letter is needed.

INSTRUCTIONS --- Complete Request form and submit with required non-refundable application fee of \$50.00 per County Parcel Identification Number to: City of Liberty Hill – Planning Department – 1120 Loop 332 (P. O. Box 1920) – Liberty Hill, Texas 78642. Make check payable to: City of Liberty Hill – Planning Department.

IDENTIFICATION / LOCATION **County Parcel Identification Number (1) Property Address / Location** County Parcel Identification Number (2) **Property Address / Location County Parcel Identification Number (3) Property Address / Location** APPLICANT / RECIPIENT INFORMATION **Applicant Name / Title Letter Recipient Name (If different)** Company **Company Street Address Street Address** City / State / Zip City / State / Zip Telephone Number **Telephone Number** E-Mail Address E-Mail Address **Applicant Signature** Date FOR INTERNAL USE ONLY: Date Received **Date Issued**